


Contract #: 203-S1410 A2  
Index Code: 418400

# CONTRACT ROUTING SHEET

Date Prepared: 3/3/16

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: HHS/Mental Health  
Dept. Contact: Laura K. Walny  
Phone #: Ext. 7118  
Department  
Head Signature:   
Don Ashton, M.P.A., Director

**CONTRACTOR:**

Name: A Helping Hand Homecare LLC  
Address:  
Phone:

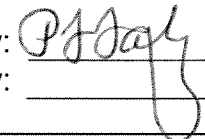
**CONTRACTING DEPARTMENT:** HHS/Mental Health Division

Service Requested: In home health care services

Contract Term: Contract/Grant Value: \$345,000 + \$125,000 = \$487,000


Compliance with Human Resources requirements? N/A Yes No  
Compliance verified by: In process

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: Date: 3/3/16 By:   
Approved: Disapproved: Date: By:

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: Date: 3/3/16 By:   
Approved: Disapproved: Date: By:

*ins. expires 3/10/16, please get renewal*

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

**Departments:**

Approved: Disapproved: Date: By:  
Approved: Disapproved: Date: By:

**Please contact (Laura K. Walny x7118) with questions or for contract packet pick-up. Thank you!**